

# BERITA Anesthesiologi

Newsletter of the • Malaysian Society of Anaesthesiologists  
• College of Anaesthesiologists, Academy of Medicine of Malaysia



**Malaysian Society  
of Anaesthesiologists**



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## *Message from the President of MSA*



It has been an eventful three months for me since the last issue of Berita. Well, it is four months since I moved to work in Hospital Kuala Lumpur and I certainly took time to get adjusted to the traffic and the vastness of the hospital with

its multitude of services. Deepavali has just passed by and I take this opportunity to wish all my Indian friends "Happy Deepavali" and pray that this Festival of Lights, light up our lives and our future... what with the 2012 budget and new economic reforms looming before us!

Allow me to summarize some of the activities that have finished and also share some forthcoming events with you:

### Continuing Professional Development

- Critical Care Workshop – 25<sup>th</sup> and 26<sup>th</sup> June 2011 at University of Malaya
- Fluid Therapy Workshop: The workshop was held successfully on 25<sup>th</sup> June 2011 at the One World Hotel, Petaling Jaya, and on 26<sup>th</sup> June 2011 in Kuching, Sarawak

- Acute Pain Management An Update 2011 held in Hospital Universiti Kebangsaan Malaysia on 30<sup>th</sup> September and 1<sup>st</sup> October.

### Forthcoming Activity

- Neuro Update on 10<sup>th</sup> December 2011 in Hospital Kuala Lumpur

Please keep a close watch on the MSA website for other local and also international activities.

### K Inbasegaran Fund

- Dr C K Lee, the recipient of this fund, will be presenting her research findings during the MSA ASM 2012. Syabas! I really urge our members to take advantage of this fund and embark on a research study as research allows you to pursue your interests, to learn something new, to hone your problem-solving skills and to challenge yourself in new ways. With your initiative and some funding from our Society, you will have a product that represents the distillation of your interests and studies, and possibly, a real contribution to knowledge.

*Season's Greetings*

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### National Anaesthesia Day

The MSA and Hospital Kuala Lumpur jointly organised this year's event by organising a "Fun Run" on 9<sup>th</sup> October at Taman Tasik Titiwangsa. Our Minister of Health of Malaysia, Y B Dato' Seri Liow Tiong Lai, officiated this event. We had a total of 400 participants for the run, a basic medical screening programme, activities for the children and a blood donation drive. The Minister's speech, which preceded the prize-giving ceremony, addressed the issues of safe and quality care in anaesthesia, as well as the shortage of anaesthesiologists, and the low anaesthesiologists to population and surgeon ratio. He also expressed pride for the high esteem that the Ministry of Health held for our specialty. This event received good coverage in the mass media and catapulted us into limelight. Thanks to the Organising Committee and the participants for making this event a great success!

### Subsidy for Overseas Meetings

We are pleased to announce that there will be a subsidy given to those presenting papers at the World Congress of Anaesthesiologists in March 2012 in Buenos Aires. The caveat is that the paper has to be scrutinised by our research committee and it is on a "first-come first-served" basis.

### Travelling Fellowship

In September, we sponsored two anaesthesiologists from Laos to Malaysia as observers to our clinical practice, to explore anaesthesia from a different perspective, as well as to share thoughts and their experiences with us.

They were Dr Vangyer NENG MONG VANG, the Vice President of the Laos Association of Anaesthesiologists, also the Deputy Director of Setthathirath Hospital for a 10-day attachment; and Dr Traychit CHANTHASIRI, the Deputy Head of Department of Anaesthesia, Mahosot Hospital, who stayed for a week.

Both of them spent about a week in Hospital Kuala Lumpur and the former also extended his stay to visit University Malaya Medical Centre. Thanks to both the hospitals for looking after them. We also hope to extend our goodwill by giving lectures in the ASEAN countries if so required by them.

### Annual Scientific Meeting 2012

19<sup>th</sup> to 22<sup>nd</sup> April 2012

The Zenith Hotel, Kuantan, Pahang

Please keep your dates free as the Organising Committee has identified seven international and two local speakers and there will be three pre-congress workshops too. The social events too are going to keep us on our toes and the organisers have promised a night of fun-filled activities. The first announcement will be reaching your doorstep soon; do not chuck it away, instead, work on how to participate in this event.

### History of MSA

A subcommittee has been formed comprising Dr Alex Gurubatham, Dr A Damodaran and Prof Patrick Tan. We sincerely hope that the book can be ready when the AOSRA 2013 commences. It would really be timely as it is our 50<sup>th</sup> Anniversary in 2013 and what better way to welcome the second half of the century... of course, only by launching our first ever volume on the history of anaesthesia in Malaysia.

### Year Book 2012

We have not forgotten this important publication. The authors have galvanized into action and we hope to reward you at the MSA ASM 2012 with a copy of this much sought-after book.

Feel like going overseas? Why not! An excellent conference coming up!!!

25<sup>th</sup> – 30<sup>th</sup> March 2012

15<sup>th</sup> WFSA World Congress of Anaesthesiologists

Buenos Aires

I hope to hear from our members if you have any ideas or suggestions to improve our activities and I am known to have a listening ear!

*You need people who can walk their companies into the future rather than back them into the future.*

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# Remembering the Legacy of a Past President & True Pioneer

## Dato' Dr T Sachithanandan (1931-1981)

Consultant Anaesthesiologist

MBBS, FFARCSI, FFARCS, DA, FICS, AM, DPMJ, SMJ

In 1981, the medical profession in this country and the local Anaesthetic fraternity in particular lost a true pioneering stalwart unexpectedly with the sudden demise of Dato' Dr T Sachithanandan at only age 49. He underwent an elective coronary bypass operation at London's Harley Street Clinic under the knife of the world renowned leading British heart surgeon, Mr Donald Ross. Tragically, unlike our then Malaysian Prime Minister, Tun Hussein Onn whom Mr Ross had similarly operated on just several months earlier, Dr Sachithanandan did not survive the bypass procedure. Considerable advances have been made in the techniques and safety of both anaesthesia and cardiac surgery since this early era and coronary surgery today is widely performed throughout Malaysia with excellent outcomes obviating the need to seek specialist treatment overseas.

Awareness and an appreciation of the heritage of any organisation or specialty, and the sacrifices and pioneering effort of the doctors involved is fundamentally important to better understand and, thus, improve contemporary practices as historically much progress in medicine is made standing on the shoulders of giants. This brief article is a poignant remembrance of the defining work of the pioneering Anaesthesiologist, the late Dato' Dr T Sachithanandan, 30 years since his untimely passing.

### The First Intensive Care Unit

As both Johor state Anaesthesiologist and President of the Johor Baru Junior Chamber International (JCI-Jaycees), a state level global charitable foundation, Dr T Sachithanandan was highly instrumental in establishing the first intensive care unit (ICU) in a Ministry of Health (MOH) government hospital in 1969. This historic ICU was only just preceded by the unit at University Hospital, Kuala Lumpur\*. Funding for the

\* The University Hospital ICU (Prof A Ganendran, University Malaya) opened just a fortnight earlier on 18<sup>th</sup> January 1969.

Johor Baru ICU was derived from three principal sources, namely the MOH, Johor state government and charitable public donations via

Jaycees fund-raising. Dr Sachithanandan's vision and determination to set up this first public sector ICU was reflected in how he skillfully negotiated unprecedented government funding which matched 'dollar-to-dollar' the Jaycees charity funds. Fund-raising commenced in 1965 and this pioneering ICU was built and finally declared open on 3<sup>rd</sup> February 1969 by HRH Sultan Ismail of Johor. The ICU 'project' won the best project award at the National Jaycees Convention that year (1969) and received a personal commendation from then Prime Minister Tunku Abdul Rahman Putra as a benchmark for future NGO work. The monumental challenge and success of establishing this first ICU at Johor Baru General Hospital (GH) cannot be overstated as it became the template model on which subsequent ICU's were designed and built in virtually all the other state general hospitals in Malaysia.

### Academic Training and Accreditation

The Faculty of Anaesthesiologists, College of Surgeons of Malaysia was established in April 1975. Over time, the faculty evolved into an independent College of Anaesthesiologists within the Academy of Medicine of Malaysia. As the inaugural Vice-Dean of the Faculty (1975/76) and subsequently as Anaesthesia Dean in 1976/77, Dr Sachithanandan was a major driving force in the impetus to develop local academic training in the specialty. With fellow pioneering contemporaries, Prof A E Delilkan and Dr Lim Say Wan initially, and later Prof Abdul Hamid bin Hj Abdul Rahman and



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Dr Antony Manavalan, Dr Sachithanandan was very involved in organising a curriculum, structured training programme and preparatory courses leading up to a local postgraduate certification in Anaesthesiology. This landmark effort from the Faculty of Anaesthesiologists formed the basis for the eventual curriculum and format used by Universiti Kebangsaan Malaysia (UKM) (in 1985) and University Malaya (UM) (in 1987). To put this effort in perspective, one should know that in 1976 there were a total of only 36 qualified Anaesthesiologists in Malaysia. From the 1950s till 1965, aspiring Anaesthetists went abroad for their final phase of training and fellowship exams. The Australasian Primary and Final fellowship exams were first held in KL in 1973 and 1975 respectively. As of 2008, 461 specialists have obtained a local Masters degree in Anaesthesia from UKM, UM and University Sains Malaysia (USM) collectively. However, it is not only contemporary practicing Anaesthesiologists in Malaysia who owe much to an earlier generation as most advances in Malaysian surgery too, would not be sustainable without a sufficient pool of trained and competent Anaesthesiologists.

### **The First Postgraduate Medical Centre**

Further evidence of the late Dato' Dr Sachithanandan's commitment towards developing and raising standards of postgraduate training in Malaysia, not only for Anaesthetists but all medical specialists was exemplified by his active involvement in establishing the first postgraduate medical centre in the country, again at Johor Baru GH in 1969, with two like minded colleagues; eminent pioneering physician Dato' Dr Lim Kee Jin and the late Datuk Dr Sam Abraham (paediatrician). Their objective was to develop a comprehensive programme directed towards the continuing education of the doctor in an era long before CME was fashionable or deemed necessary. Dato' T Sachithanandan went on to further establish another such centre, the first in the state of Perak at Hospital Ipoh in 1977.

### **Malaysian Medical Association**

Historically, Anaesthesia as a specialty has often been in the shadows of surgery which perhaps was erroneously perceived to be more glamorous. Dato' Dr T Sachithanandan's election to the Presidency of the

Malaysian Medical Association in 1972 brought prestige and prominence to the Anaesthetic fraternity. He was the first Anaesthesiologist to become MMA President, a feat only twice repeated in the subsequent 40 years (the late Dato' Dr Lim Say Wan in 1982/83, and our incumbent and first ever lady President, Dr Mary Cardoso in 2011/12, have done so since).

As MMA President, he authoritatively articulated concerns of the profession and challenged the political hierarchy and policy-makers of the day on a variety of wide ranging issues, from ensuring all doctors in general were appropriately and fairly remunerated by the SOCSO authorities, to bravely challenging (albeit unsuccessfully) the ministerial decision requiring public sector doctors at government hospitals to "clock in", a policy that showed little appreciation for the complex pattern and intensity of work undertaken by hospital specialists in contrast to the more predictable work practice of other civil servants.

Dr Sachithanandan and several MMA past-presidents (the late Datuk Dr Keshmahinder Singh, Datuk Dr Syed Mohammed and Dato' Dr R P Pillay) were however, more successful in lobbying the then Health minister to jettison the Ministry's intention to register unqualified medical practitioners, an evidently retrograde and unsafe step, in the interests of public safety and quality assurance. His presidency also oversaw the establishment of the MMA House at Jalan Pahang where the MMA secretariat still actively functions today. Dr Sachithanandan was a champion of the 'young doctor' strongly advocating for the more junior MMA members to be given a 'voice' and formal representation on the influential MMA council, and the opportunity to contribute as evinced by his valedictory address in 1973.

### **Malaysian Society of Anaesthesiologists and Health Ministry Government Service**

The late Dato' Sachithanandan was one of the few founding members of the Malaysian Society of Anaesthesiologists (MSA) in 1964 along with contemporary pioneers Drs Frank Bhupalan, Antony Manavalan, M C Poopathy and Law Gim Teik. The MSA today boasts a healthy membership of approximately 600 specialists nationally and is undoubtedly one of the more proactive and dynamic specialist organisations. Dr Sachithanandan became

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MSA President in 1968 and personally helped forge good relations with sister organisations in Australia and Singapore. His personal qualities of impeccable integrity, selfless ambition and visionary leadership coupled with a highly charismatic and naturally charming personality not surprisingly inspired many junior doctors to take up Anaesthesia when it was perhaps then a less established and less desired specialty. However, first and foremost, Dato' Dr Sachithanandan should be remembered for the exceptionally competent and efficient Anaesthesiologist he was, and for being largely responsible for the early development (including the training of many junior specialists) and provision of a first class Anaesthesia service in the two large Malaysian states of Johor and Perak.

### The First Private KPJ Hospital

Three decades on, Dato' Dr T Sachithanandan's contributions still remain impressive, relevant and undiminished. One of his final contributions was his active involvement in the clinical design of the Johor Specialist Hospital (JSH) in 1980, the state's first private hospital. This was the very first Kumpulan Perubatan Johor (KPJ) hospital in the country and yet again became a template for the establishment of many more future lucrative KPJ hospitals nationwide. Sadly, he never got the opportunity to work at the JSH.

In retrospect, his achievements were remarkably exceptional given that he did not even live to celebrate a 50<sup>th</sup> birthday. Heritage awareness facilitates an understanding and genuine appreciation of the pioneering work of our eminent predecessors. This is important for rarely do advances in medicine occur in isolation, more often progress is made by standing on the shoulders of giants. Dato' Dr T Sachithanandan was one such individual.

### Footnote:

Dato' Dr T Sachithanandan is survived by his wife Datin Puni Sachithanandan who currently resides in Kuala Lumpur, daughter Dr Sharmila - Consultant Gastroenterologist at Hospital Selayang & Sime Darby Medical Center, and son Dr Anand - Consultant Cardiothoracic Surgeon at Hospital Serdang.



**aosra-pm** SARAWAK 2013

12<sup>th</sup> Asian & Oceanic Society of  
Regional Anaesthesia  
& Pain Medicine Congress

19<sup>th</sup> to 22<sup>nd</sup>  
**June 2013**

**Kuching, Sarawak  
Malaysia**

www.aosra2013.org

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# Effective Presentation Skills Course for Doctors

Report by

**Dr Kok Meng Sum**

*Anaesthesiologist, Hospital Kuala Lumpur*

**Dr Gunalan Palari Arumugam**

*Regional Medical Director, Travel Guard Asia Pacific*


Presentations skills are often a very important aspect of a doctor's day to day work. We present during our case handovers, to colleagues, whenever referring cases to each other, as well as department meetings and also at CME programmes.

For the more senior doctor, presentations are also conducted in seminars and conferences to a wider audience. Often times, this can be a nerve wrecking experience and too often, doctors fail to translate the knowledge that they have to an effective presentation. Most multinational companies invest in training courses for their staff before they are sent out to their customers for presentations. This is not the norm for a hospital based practice, and doctors usually learn this skill by trial and adapt their presentation skills by observing other people and adapting their own techniques. Most participants of such courses do agree that their presentation skills after attending such courses have improved. However, the professionally run courses can cost as much as RM 5000 per day and may be prohibitive to the departments that would like to conduct this for their doctors. Furthermore, some of these courses are not tailor made for doctors and it often ends up being a generic course rather than customised to the participants.

With that in mind, the Department of Anaesthesiology & Intensive Care, Hospital Kuala Lumpur, invited Dr Gunalan Palari Arumugam, an anaesthesiologist who is also currently the Regional Medical Director for Travel Guard Asia Pacific. In his present role, Dr Gunalan has done numerous internal and external presentations both to a medical and non medical audience. The course took place on the 15<sup>th</sup> of October 2011 and was attended by nine clinical specialists. The course was a combination

of interactive sessions, actual presentations, lectures as well as the watching of video recordings of the specialists themselves doing a presentation. These sessions allowed the doctors to identify the right body language as well as observing some styles that they are unaware of that might not come across well during any presentation. There was also a session on the effective use of Power Point as a tool for presentations. The doctors were also showed how to use the functions in the PowerPoint effectively which included a brief demonstration on some animation techniques as well as the use of charts and graphs as methods of communicating their material effectively. The session ended with a review of three journal articles, one of which was prepared in advance by Dr Gunalan and the other two were discussed on the spot. The aim of these sessions was to highlight how a journal article can be presented in a much more effective manner. This was the crucial part of the day's proceedings as this was typically the weakest part of any doctor's presentation and not all doctors grasp the concepts well enough to effectively deliver a good presentation.

In summary, the doctors found the sessions useful and looked forward to utilising some of the knowledge gained from that day to be applied in their future presentations.

If there are any Departments that are interested in organising such courses especially for their junior doctors or master students, please feel free to get in touch with Dr Gunalan at [gunalan73@yahoo.com](mailto:gunalan73@yahoo.com). Dr Gunalan Palari Arumugam (Dr Guna), Regional Medical Director, Travel Guard Asia Pacific. 



## Pain Management in Low and Middle Income Countries (LMIC)

### Just Put Up With It?

Over the last couple of years, we have had the privilege of travelling to and working in a number of resource-poor countries exploring pain attitudes, knowledge and treatment options. In this article, we will present our perspective on pain in these countries and give an overview of a pain management course we have developed, which uses a framework we have called **RAT** (Recognise, Assess, Treat).

The physiological processes of acute nociception from the periphery to the brain are the same in all humans, irrespective of where they live. The causes of pain are varied:

- Pain from multi-trauma following a motor vehicle crash (an increasing drain on medical services in many countries).
- Postoperative pain following a laparotomy for a perforated duodenal ulcer.
- Lumbar spine pain from a pathological vertebral fracture in a woman with carcinoma of the cervix.
- The first dressing change in a 3-year-old child following extensive burns from a cooking fire.
- Labour pain in a teenager struggling through her first delivery.

Apart from the humanitarian aspects of treating acute pain and decreasing the stress response, the benefits of early mobilisation, ability to self-care and quicker hospital discharge would seem to be of value in resource poor countries.

Cancer is a common cause of chronic or acute on chronic pain in LMIC. According to the WHO, a disproportionately high number of new cases occur in the developing world with 80% being incurable at the time of diagnosis. Extrapolating from Australian data, it is probable that at least 75 percent of these cases will experience moderate to severe pain during the course of their illness. This is a very strong argument for the development of palliative care services, including effective pain management.

On the surface, it appears that many people in LMIC accept pain as an unavoidable part of life. Patients may have little or no knowledge that certain treatments are available. Nursing and medical staff, for a variety of reasons, may not offer treatment, reinforcing patient and societal low expectations about pain relief.

Stoicism appears to reign supreme, and individuals appear never to complain because there seems to be no point. It is often difficult to tease out the role that cultural factors play

in the way patients express their pain - pain and suffering may be seen as a test of faith, while some societies will be fatalistic about pain.

Doctors' and nurses' attitudes and knowledge about pain seem to suggest that pain is a symptom of a disease process that they either can or cannot do something about, rather than a symptom that can be treated. For example, there is still a strong belief that treating acute abdominal pain will obscure the diagnosis; therefore, the pain is frequently left untreated<sup>(1)</sup>.

#### Addressing the problem

There has been significant effort by the WHO to prevent cancer and address cancer pain treatment. There have also been huge international efforts to prevent and treat HIV/AIDS and this has had some spin-off benefits for palliative care and pain management of other terminal diseases.

Morphine was included on the WHO's Essential Medicines List back in 1977. Then, in a major advance for cancer pain management, the WHO introduced the Three Step Analgesic Ladder in 1986. Unfortunately however, there are still many places in the world where oral morphine is not available. This is despite its vital role in the treatment of cancer pain, its low cost and ease of preparation. A number of organisations have campaigned for the global availability of morphine and a good overview of some of the issues relating to the unavailability of morphine was recently published in the BMJ<sup>(2)</sup>.

#### Improving pain knowledge

Staff knowledge and attitudes are important factors when it comes to recognising pain and treating it effectively. We strongly believe that education plays a vital role in improving pain management and we appear to be lagging in our efforts to provide effective pain management to our global patients.

Consequently, we developed a one-day workshop called **Essential Pain Management (EPM)** with initial funding from the Australian and New Zealand College of Anaesthetists (ANZCA). The course emphasises low cost management strategies and how quality of life can often be markedly improved with very simple treatments. Delivery of the course in the Western Pacific Islands, Papua New Guinea, Mongolia and recently Tanzania, has been generously supported by the IASP, WFSA and private donations.

The EPM course structure is modelled on the successful Primary Trauma Care (PTC) course. It comprises a one day

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(8 hours) interactive course and a half-day (4 hours) teach-the-teacher course for "local champions" identified during the initial one-day course. Identification of local enthusiasts to continue the educational programme is an essential component of the model – it encourages local ownership of issues and promotes a culture of continuing education and teamwork.

EPM is principally designed for medical and nursing staff, but can be easily modified for other groups of healthcare workers such as pharmacists and nurse aides. The workshop is highly interactive and comprises a series of short lectures, brainstorming sessions and case discussions. Morning topics include the classification of pain, basic physiology and pharmacology which includes time on non-drug treatments, reasons to treat pain, and pain management barriers. Most of the afternoon is devoted to a series of case discussions illustrating different pain problems, followed by a brainstorming session looking at ways to overcome local barriers.

ABC (Airway, Breathing, Circulation) has proved very successful as a teaching tool in trauma and resuscitation. In EPM, we have coined our own acronym, **RAT**, standing for **Recognise, Assess, Treat**. This simple framework has proved very popular with course participants and provides a good structure (along with subheadings) for the case discussions.

The four-hour instructor workshop is also highly interactive

and covers relevant teaching principles and practical issues relating to the running of an EPM workshop.

Participant feedback about EPM has been very positive. One measure of success of the workshop will be whether the course is taken up by local health workers. Since running two workshops in Papua New Guinea in April 2010, several EPM workshops have since been organised and taught by local instructors and the course has also been incorporated into the undergraduate nursing programme.

EPM is in its infancy but we hope it will prove to be an important tool for improving pain knowledge and practice in developing countries.

Please contact either one of us if you are interested in more information about the course.

**Roger Goucke**

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*References:*

- (1) *Int J Emerg Med* 2009;2:211-215
- (2) *BMJ* 2010;341:c3800



## KATIE BLACKETT REPORTS TO HOSPITAL KUALA LUMPUR

This summer I spent four weeks of my elective at Hospital Kuala Lumpur (HKL) working with the anaesthetic team. I want to thank everyone for making me feel welcome and allowing me to get involved in many of the practical procedures.

After choosing anaesthetics for a six week placement in England earlier this year, I was interested in how the experience would differ half way across the world. However, it was the similarities between the two that were the most obvious.

Compared to my local district hospital, HKL is huge but despite having an almost daunting number of operating theatres, once inside I was met with a familiar set up and environment. General procedures, standard of care and management were very similar with only small differences in some of the equipment.

It was interesting to see the use of a computerised monitoring and notes system fully integrated into the theatres and

recovery as it is vastly different from the manual recording systems I have observed in the UK. However, the main electronic system I am used to dealing with, radiological results, is still analogue, with printed films accompanying the patient's notes.

The most noticeable difference during my placement was in HKL all the patients I saw were anaesthetised in the operation theatre. In the UK, the anaesthetic room is more commonly used for administering general and regional anaesthetic before moving the patient into theatre.

My last week was spent in ICU where I had the chance to see the management of diabetic ketoacidosis, Dengue fever and kidney failure, as well as many other seriously ill patients. It was great to be able to observe the doctors monitoring and caring for patients, presenting their cases at



handover and dealing with visiting relatives on the vast ICU ward.

I really enjoyed my time in Malaysia, I got to see new conditions, in a friendly and organised environment. I also had a great opportunity to travel around and out of Kuala Lumpur, with a lovely weekend in Melaka and a few days in the Cameron Highlands.

Thank you all again for making my stay in Malaysia enriching and rewarding.





# WOMEN: Merciful sleep

(An article from New Straits Times on  
8<sup>th</sup> December 2011)

The role anaesthesiologists play during a surgery is, sadly, often underestimated, writes Aneeta Sundararaj



Assoc Prof Datin Dr Norsidah (left) and Datin Dr V Sivasakthi make it a point to celebrate World Anaesthesia Day each year  
(Picture by ROHANIS SHUKRI)

IMAGINE... you're going in for surgery. You'll be awake throughout the procedure and the only options available to numb the pain are alcohol or a drug like opium. Either choose these options or be strapped down to the operating table.

Traumatising? Well, these were the only options available to patients prior to the 19<sup>th</sup> Century.

Then, on Oct 16, 1846, Dr William Thomas Green Morton, a dentist in the United States, used ether (a clear liquid that is used as a solvent or for making people unconscious) to render a patient unconscious before surgery.

"Anaesthesia became one of the greatest inventions in history. Now we can offer pain-free options for patients."

Datin Dr V Sivasakthi, President of the Malaysian Society of Anaesthesiologists, related the history of anaesthesia, adding "now, we make it a point to celebrate World Anaesthesia Day, on Oct 16 each year."

Derived from the Greek word "an-aisthesis" meaning "without feeling", there are three broad types:

- General anaesthesia — you will be rendered unconscious and need external breathing support

- Regional anaesthesia — a large part of the body is made senseless, and
- Local anaesthesia — a small part of your body is made numb.

## Invisible hand

"Because we work mainly inside the operating theatres, many people don't know we exist. Some even think we're technicians or paramedics," laments Associate Professor Datin Dr Norsidah Abdul Manap, President of the College of Anaesthesiologists.

"Actually, we first go through medical school. Then follows two years of internship, and then, three years of medical officer training. After that, we start to train in anaesthesia. This takes another four years."

Since 2008, a patient has been required to sign an anaesthetic consent form. "It comes in four languages and is a basic fact sheet that highlights the potential side effects of general and regional anaesthesia. It also gives us a chance to interact with the patient and explain what we do," she says.

"We look after him as a whole. We also explain how we're the people who will monitor his vital functions throughout the surgery, making sure he's well-anaesthetised, and administer pain relief so that when he wakes up, he is comfortable. In the recovery room, we will watch over a patient to ensure he's stable."

Such interaction with the patient has proven to be effective as the patient is given the opportunity to raise any concerns he may have and the anaesthesiologist is able to conduct a more thorough assessment of the patient.

## Branching out

Today, anaesthesiologists are not confined to the operating theatre. Indeed, they can be involved in other branches of this field which include treatment of pain, care of very ill patients (intensive care) and also, emergency care (resuscitation).

"We now have sub-specialities that

range from paediatric anaesthesia, obstetric anaesthesia and cardiovascular anaesthesia to neuroanaesthesia, regional anaesthesia and transplant anaesthesia," says Dr Norsidah.

Both doctors admit that one of the main concerns many patients have about anaesthesia is its safety. "People often think that they will never wake up from anaesthesia.

The thing is, safety is always our highest priority. Today, anaesthesia is 50 times safer than it was in the early 1980s," says Dr Sivasakthi.

She insists: "No doubt, there are risks, but we will always assess the patient thoroughly before any surgery. If I am in doubt, I will say that in the best interest of the patient, the surgery cannot proceed."

The kind of situations where you may not be fit for surgery are manifold, like when you have the flu or suffering from heart failure.

## Side effects

Minor side-effects and complications from anaesthesia are more common compared to serious ones. For instance, a patient may be nauseated, shivering or drowsy, or have a sore throat or aching muscles. Serious problems may involve strokes, kidney dysfunction, allergic reactions and breathing difficulties.

If you're going in for surgery, there are a few things you can do to help yourself. For instance, you will probably be asked to fast for at least six hours before the surgery.

This is to reduce the risk of vomiting or having food enter your lungs during anaesthesia.

If you smoke, stop. This will help improve your blood's ability to carry oxygen during anaesthesia and surgery.

These doctors' dedication for their profession is evident when Datin Dr Sivasakthi remarks: "Anaesthesia is a potpourri of sorts. It allows me to use my medical knowledge and practice all the skills I've been trained for. I feel exhilarated when I'm working."





# ULTRASOUND GUIDED REGIONAL ANAESTHESIA WORKSHOP

Report by Dr Chen Chee Kean

*Clinical Anaesthesiologist, Department of Anaesthesiology and Intensive Care, Sarawak General Hospital, Kuching, Sarawak*

On 18<sup>th</sup> and 19<sup>th</sup> September 2011, the Department of Anaesthesiology and Intensive Care, Sarawak General Hospital, organised its 4<sup>th</sup> Ultrasound Guided Regional Anaesthesia Workshop. A total of 35 doctors (24 from Sarawak General Hospital and 11 from other hospitals in Sarawak), participated in this workshop. Two experts in regional anaesthesia from Hospital Kuala Lumpur, Dr Azrin bin Mohd Azidin and Dr Amiruddin bin Nik Mohamed Kamil, were invited to facilitate the workshop. The objective of this workshop was to create awareness on the advantages of regional anaesthesia in clinical practice and also to provide exposure in regional anaesthesia to junior anaesthetists. The workshop focused on the relevant procedures and material, besides safe practices in regional anaesthesia.

The first day of the workshop took place in Dewan Persona, Sarawak General Hospital with four lectures delivered by Dr Peter Tan, Dr Wan Daud bin Wan Kadir, Dr Azrin and Dr Amiruddin which covered all aspects of regional anaesthesia from pharmacology to the clinical aspects. It was subsequently followed by "hands-on sessions" where the facilitators demonstrated common locations for the ultrasound probe placement on volunteers in order to obtain a good view. The first



day of workshop ended with a practical session on the phantom limb. All the participants were able to have the "hands-on" experience on this phantom limb.

Throughout the first day, participants were actively involved in the question and answer sessions, where most of the queries on performing regional anaesthesia were cleared and doubts explained in detail by the experts.

The second day of the workshop involved life demonstrations of regional anaesthesia on patients and it took place in the operation theatre. The participants were divided into two groups. A mixture of blocks which included supra- and infra-clavicular brachial plexus blocks, transversus abdominis plane blocks and the sciatic and femoral nerve blocks were demonstrated. During this session, some of the lucky participants had the opportunity to perform the blocks under the supervision of the facilitators.

Over the two days, most of the participants were satisfied with the organisation and content of the workshop. The workshop was carried out smoothly throughout its course and the participants left pleased with the knowledge and skills they had acquired.

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## Successful Candidates for Final MMED ANAESTHESIOLOGY NOVEMBER 2011

### UNIVERSITI KEBANGSAAN MALAYSIA

Dr Adlin Dasima Abdul Kadir  
Dr Afnizar Akbar  
Dr Aliza Mohamad Yusof  
Dr Cheah Saw Kian  
Dr Felicia Su Min Hu  
Dr Hariyah Yusop  
Dr Hasnah Harun  
Dr Mohd Zaini Abu Bakar  
Dr Ruffinah Teo  
Dr Shereen Tang Suet Ping  
Dr Suzaliatun Kasbolah

### UNIVERSITI MALAYA

Dr Adawiyah A Bakar  
Dr Maz Airin Abdul Azis  
Dr Sama Haleem

### UNIVERSITI SAINS MALAYSIA

Dr Ahmad Nizam Ismail @ Mustafa  
Dr Khathija Hasan  
Dr Mohd Rosdie Mat Jahaya  
Dr Mohd Samsul Puzizer  
Dr Mustaffa Kamil Zainal Abidin

*Congratulations!*



# Travelling Fellowship Programme

Report by **Dr Kok Meng Sum**  
*Anaesthesiologist, Hospital Kuala Lumpur*

The initiative of the Malaysian Society of Anaesthesiologists in organising the Travelling Fellowship Programme, finally materialised in September this year after some hiccoughs in the initial stage. This project has created a significant step in the history of anaesthesia in our country. The main aim of this programme is in line with our objective to boost ties and foster friendship among anaesthesiologists in the region as well as internationally.

In this two-week project, we sponsored two anaesthesiologists from developing ASEAN countries to Malaysia as observers to our clinical practice, to explore anaesthesia from a different perspective, as well as to share thoughts and their experiences with us.



Laos Association of Anaesthesiologists was among the first to express their interest, nominating two Fellows in Regional Anaesthesia from Vientiane as the pioneer to this programme; Dr Vangyer NENG MONG VANG, the Vice President of the Laos Association of Anaesthesiologists, also the Deputy Director of Setthathirath Hospital for a 10-day attachment; and Dr Traychit CHANTHASIRI, the Deputy Head of Department of Anaesthesia, Mahosot Hospital, who stayed for a week.

The former is keen to develop Obstetric Analgesia Services, whereas the latter aimed to set up an Acute Pain Service Division in their respective hospitals after this attachment.

## Travelling Fellows in Hospital Kuala Lumpur

Hospital Kuala Lumpur is proud to be chosen as the first hospital to hold such programme.

They stayed at the Grand Seasons Hotel, which is a stone's throw away from our hospital. After a briefing session, they were introduced to the department and given a tour around the hospital,

before proceeding with the planned programme. During their rotation here, they were exposed to the scope of services offered by the department, in particular, to their areas of interest.

They were actively involved in ward rounds, operating theatre lists and our weekly educational session and even came on a public holiday (Malaysia Day) to participate enthusiastically in the acute pain rounds before joining the on-call team.

After a week of compact itinerary, Dr Vangyer proceeded to the University of Malaya for the second part of his attachment, while his colleague returned to his home country.

In the future, we hope to build our travelling fellowship into an exchange programme of similar arrangement.



# Asean Travelling Fellowship Report

Report by **Dr Vangyer Neng Mong Vang** and **Dr Traychit Chanthasiri**

23<sup>rd</sup> September 2011, Kuala Lumpur

Upon receiving the letter of invitation from the Malaysian Society of Anaesthesiologists concerning the Asean Travelling Fellowship, we requested and were granted permission from the Director of our Hospital and the Ministry of Health Laos PDR to come to Malaysia and visit Hospital Kuala Lumpur.

The two anaesthetists from Laos Society of Anaesthesiologists are Dr Vangyer NENG MONG VANG, the Vice President of Laos Society of Anaesthesiologists and the Vice Director of Setthathirath Hospital and Dr Traychit CHANTHASIRI, the Deputy Head of the Anaesthesiology Department from Mahosot Hospital, Vientiane Laos PDR.

We came to visit Hospital Kuala Lumpur and another hospital in Malaysia, for two weeks from the 13<sup>th</sup> to 24<sup>th</sup> September 2011.

## A diary of our activities in Malaysia

13<sup>th</sup> September, 2011

2100 - We arrived in Kuala Lumpur International Airport

14<sup>th</sup> September, 2011 at 0830

We met Datin Dr V Sivasakthi, the Head of Department of Anaesthesiology and Intensive Care and the President of the Malaysian Society of Anaesthesiologists. We received and felt her warm welcome and in addition, she kindly told us about the objectives of the travelling fellowship and gave us a briefing on some of the activities of the Department of Anaesthesiology and Intensive Care.

Dr Kok Meng Sum then briefly explained and showed us the timetable for the travelling fellowship that we were to follow.

After the warm welcome, we visited the Acute Pain Service Division, where we

met Mrs Foong, Mrs C Prema and Ms Woosoon Yeow. We then accompanied them to visit the post operative patients in the different wards.



First stop was to the Urology ICU. We observed the APS team talking to the patient about her pain. We then continued to the Burns Ward followed by a visit to the general operating theatre. The Sister-in-charge guided us around the OT and OR. She gave us a running commentary on the happenings in the Operating Theatre.



At around 1300, we visited the Pain Clinic. Dr Lim Ern Ming explained to us about some of the activities of the pain clinic and about pain management which is multidisciplinary and multimodel.

1500 - Visited the Anaesthetic Clinic where the anaesthetists do the preoperative assessment of patients.

At 1600, Dr Kok Meng Sum took us to the Gyn-Obstetric Department and the Pediatric Institute.

15<sup>th</sup> September, 2011

At 0730, we participated in the continuous medical education (CME) programme at the conference room on the 4<sup>th</sup> floor. After the CME, we visited the Interventional Radiology division (anaesthesia in remote areas). The person-in-charge was Dr Nora.



At 1330, we went again to the general OT to observe a couple of procedures for emergency anaesthesia. We concluded the day with a meeting with the President and members of the Malaysian Society of Anaesthesiologists at the Academy office at 1630.



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16<sup>th</sup> September, 2011  
(Public Holiday)

In the morning, we went to the Department and met the Sister, Mrs Manmohan, who showed us around again. At 1000, we did ward rounds with Dr Lim Ern Ming and the acute pain service team.

19<sup>th</sup> September, 2011

We visited the Obstetrics Analgesia Service (OAS) and the Obstetrics OT. Dr Thohiroh, Consultant Anaesthetist, and her team were there. We observed the epidural technique for painless labour done by Dr Idawina Mat Ludin. Before getting the epidural catheter, the patient suffered terribly from pain. After giving some analgesia through the epidural catheter, the patient felt comfortable immediately. She was very happy to be taken care of by the OAS.



OAS team work



20<sup>th</sup> September, 2011

We visited the Obstetrics Analgesia Service and Obstetrics OT for another day, Dr Vangyer accompanied Dr Thohiroh, the Consultant Anaesthetist, to the OT 1 to observe four cases of spinal block by Dr Thohiroh for the Caesarean Section Surgery. I saw that



Gauzes checking



The joint cooperation of the OT team work

in the OT's, all the anaesthetic machines, materials, drugs and other necessary things are complex but well organised. There was good cooperation amongst the OT staff. Before starting the anaesthesia and the operation, the nurses marked a check list which includes the patient's name and the names of all staff of the team. At the end of the operation, the nurse ticked a check list of all the used abdominal packs, gauzes and all surgical materials.

21<sup>st</sup> September, 2011

Datin Dr V Sivasakthi, the President of MSA, planned a visit for us to the University of Malaya Hospital.

At 1000, I was welcomed by Dr Mohd Shanaz bin Hasan, Lecturer, Clinical Specialist and acting Head of Department of Anaesthesiology and Intensive Care at University Malaya Medical Centre. He told me about the activities of the department. He then took me around to the OT's and the ICU. He told me about the routine activities in each division and showed me the modern materials and machines.

We also went to the Cardiac ICU ward with the chief of Cardiothoracic Surgery.



During lunch, I participated in the case study on Tetanus. I also went to the ICU where there were many modern machines like the respirators, machines for monitoring, computers and the Impax system.



22<sup>nd</sup> September, 2011

In the morning, from 0730 to 0830, I participated in the CME in the conference room on the 4<sup>th</sup> floor of Hospital Kuala Lumpur.

At 1000, I arrived again at the University Hospital and met Professor Marzida Mansor. She kindly explained to me about Pain Management and showed me some pain protocols. We visited wards where there were chronic pain patients.

We also visited the private wing of the hospital. I also had the opportunity to meet Professor Gracie Ong while I was there.



We also visited the private department



I have an opportunity to meet Professor Gracie Ong

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23<sup>rd</sup> September, 2011

This was my last day in the University Hospital. In the morning, I met Professor Ramani Vijayan, Head of Pain Services, UMMC. She explained in detail on how to start pain management for patients.

We did rounds together with the nursing team and went to almost all the wards to visit patients having acute and chronic pain.



That afternoon, Dr Mohd Shahnaz bin Hasan explained and showed me some techniques of the regional anaesthesia blocks with the aid of the Ultrasound machine like the median, radial nerve and femoral nerve block.

What we learnt from this travelling fellowship:

- We learned that the Hospital Kuala Lumpur and University Hospital have an excellent pain management service catering for acute post operative pain, chronic pain and obstetric or labour pain. We also noted that all the anaesthesiologists and nurses have good knowledge

and skills in pain management. They are very attentive to patients and closely observe them to give better pain relief without severe complications.

- The medical equipment and emergency drugs are always available in the OT, the pain unit and even in the wards.
- Equipment is checked frequently by the biomedical engineer.
- Protocols are updated regularly and clearly written so that everyone can read and follow them.
- These things which I mentioned above, showed us the well-organised and good leadership of the Department of Anaesthesiology and Intensive Care.



Finally, on behalf of Laos Association of Anaesthesiologists, we would like to offer our sincere thanks to the Malaysian Society of Anaesthesiologists for their warm welcome during our fellowship training in Malaysia.

We thank you for your support for the air ticket, accommodation and all the arrangements for our training here. We hope to receive further support and cooperation and hope that the relationship between both our associations will improve in the near future.

We would like to thank Datin Dr V Sivasakthi, the President of MSA and its members, heads of the Anaesthesiology and Intensive Care Departments, all the professors, doctors, and especially Miss Kong from the MSA Secretariat. Thanks to Drs Kok, Thohiroh, Nora, Tan Hung Ling, Lim Ern Ming, Vanitha, Thavam, and all the medical officers and nurses who gave us a warm welcome here.

We will bring these good experiences and knowledge to Laos PDR in order to improve our training programme there, and to give better service to the people in our country.

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## annual scientific meeting asm2012

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theme  
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**19<sup>th</sup> to 22<sup>nd</sup> April 2012**

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Jointly organised by



Malaysian Society  
of Anaesthesiologists



College of Anaesthesiologists,  
Academy of Medicine of Malaysia



# National Anaesthesia Day 2011

**WALKATHON / FUN RUN on 9<sup>th</sup> OCTOBER 2011**  
**LAKE TITIWANGSA, KUALA LUMPUR**

**Speech By** Y B Dato' Seri Liow Tiong Lai, Minister of Health Malaysia

First and foremost, I would like to thank the Malaysian Society of Anaesthesiologists and Hospital Kuala Lumpur for inviting me to be with you at this special Walkathon / Fun Run held in conjunction with "National Anaesthesia Day 2011". The theme for this year's National Anaesthesia Day is "Your Safety Our Priority". I reckon this is very apt and timely, as safety is always paramount in the minds of our patients when undergoing surgery under anaesthesia. We need to place great emphasis on safety and high quality care, as unsafe practices may be fatal and will definitely incur high costs to the nation.

The Ministry of Health has always appreciated the critical role of anaesthesiologists as members of the team in the operating theatre (OT). In this respect, I must say that you have never failed the Ministry in constantly upgrading the quality of your services. Indeed, I understand that you have even expanded the scope of your services beyond the coldness of the operating theatre, to become actively involved not just in intensive care, but also in the management of acute and chronic pain, poly-trauma and emergency medicine, just to name a few. Anaesthesiologists have also contributed to the pro-active management of patients going for surgery, by setting up anaesthetic clinics for preoperative assessment and day care services.

I have taken note of some of the challenges that hamper you in your practice, in particular those related to manpower shortages. I will try my best to help you resolve them. In a recent survey in 2009, there were about 620 anaesthesiologists in the country, giving us a ratio of about 1 anaesthesiologist to 45,000 population. This, I am told, is still far from the developed country norm of 1: 10,000. I believe that in Malaysia, we should strive towards this figure, although our present target is more modest, at 1 in 30,000 to start with. Even then, we need to almost double the present number of anaesthesiologists in order to achieve the set target, which I hope, we can do within the next 10 years.

Another very obvious fact is the prevailing ratio of anaesthesiologists to surgeons, which is about 1:4 compared to 1:2 in developed countries. The problem of mal-distribution of specialists is very apparent in the Klang Valley, where we see a disproportionately high number of private anaesthetists. I was told that a similar picture holds true for other disciplines as well.

The shortage of anaesthetic medical officers, I am told, is presently even more pressing than the shortage of anaesthetists, particularly in Sabah and Sarawak, where we still have to rely on trained paramedics to provide anaesthesiology services in some of the operating theatres. However, I have been assured that the acute shortage of anaesthetic medical officers would soon be overcome within the next few years, with the large number of house officers completing their training and many having undergone training in anaesthesiology as an option in place of Emergency Medicine.

Nevertheless, the current shortage of both anaesthesiologists and anaesthetic medical officers has partly contributed to the problem of insufficient operating time, resulting in long waiting lists for surgery in government hospitals. Indeed, despite a steady, annual increase of 5% in the number of anaesthetics administered in our hospitals, a recent survey in 2008 showed that the mean waiting time for operations remain high at 32 weeks, compared to the Ministry of Health's standard of 12 weeks.

As one of the short term measures to rectify the situation, doctors have been allowed to run elective lists on Saturdays since 2008. To date, 32 hospitals have been given the green light to do so. Extended operating hours during the weekdays are also being approved for hospitals with very heavy workloads.

For more efficient and effective management of the operating theatres, OT managers have been appointed and trained to coordinate activities in the OTs, particularly for the purpose of reducing the cancellation rate for elective surgery, which is one of my Key Performance Indicators


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(KPI). The target is to keep the elective cancellation rate below 10%, knowing the inconveniences and hardships that such cancellations cause to patients and staff alike. I am pleased that so far this year we have been on target, with an overall elective cancellation rate of around 7.3%, but there is still room for greater efforts and improvements.

On a long term basis, the Ministry of Health has, over the years, increased the intake of anaesthetic trainees for the Master's Programme. We are now offering about 80 places each year to anaesthesiology. In 2012, Universiti Putra Malaysia will be starting its own Master Programme. This will add to the present capacity available at Universiti Kebangsaan Malaysia, Universiti Malaya and Universiti Sains Malaysia. We also want to facilitate doctors to do the FANZCA (Fellowship of the Australian & New Zealand College of Anaesthesiology) as an alternative pathway to the Masters Programme. I understand that this year about 30 doctors are taking this exam.

We hope that in time, by increasing the output of anaesthetists, not only will there be sufficient anaesthetists to provide adequate operating time, but there will also be sufficient anaesthetists to specialise in the various subspecialty areas such as cardiac anaesthesiology & perfusion, neuro-anaesthesiology, obstetric and paediatric anaesthesiology, as well as intensive care and pain management.

Finally, ladies and gentlemen, let me once again thank you for your kind invitation. I hope that my presence here will signify to you the high esteem that the Ministry and I hold for your specialty, and I look forward to the strengthening of this special relationship with your fraternity. Together, let us strive to bring the anaesthesiology and intensive care services in Malaysia to greater heights. Thank you. 

## Fluid Therapy Workshop 2011

Hospital Umum Sarawak, Kuching, Sarawak

Report by Dr Peter Tan

'Getting The Balance Right' was the theme for Fluid Therapy Workshop 2011, jointly organised by Department of Anaesthesiology and Intensive Care, Hospital Umum Sarawak, Malaysian Society of Anaesthesiologists and Aesculap Academy Malaysia. Entering its third year, this workshop was held on 26<sup>th</sup> June at Pullman Kuching, Sarawak. The response to the workshop was overwhelming with an attendance of 194 participants comprising of government and private doctors and allied healthcare personnel from Sarawak. We were honoured to have the Sarawak State Health Director, Dr Zulkifli Jantan to officiate the event.

The speakers mainly comprised of anaesthesiologists from Hospital Umum Sarawak, along with invited speakers Prof Kai D Zacharowski (Professor and Director of Clinic for Anaesthesia, Intensive Care Medicine and Pain Therapy, University Hospital Frankfurt, Germany), Dr Wan Nasrudin Wan Ismail (Consultant Anaesthesiologist

and Intensivist from Hospital Raja Perempuan Zainab II) and Mr Donald Liew (Consultant Neurosurgeon from Hospital Umum Sarawak).

A total of eight lectures were presented covering an extensive scope of topics such as pathophysiology of body fluids and microcirculation, fluid therapy in anaesthesia, intensive care, paediatrics and trauma, as well as the current trends of fluid therapy and its monitoring. As a whole, this one-day workshop was indeed informative and well-received by the participants.



Dr Norzalina presenting a souvenir to Prof Kai D Zacharowski.



Dr Mat Ariffin presenting a token of appreciation to Dr Wan Nasrudin.



The participants of the workshop.



The group photo.



# National Anaesthesia Day October 2011

Hospital Queen Elizabeth 2, Kota Kinabalu, Sabah

Report by Dr Lily Ng



The National Anaesthesia Day this year with the theme “Your Safety, Our Priority” was celebrated in Sabah by the Anaesthetic Team, Queen Elizabeth Hospital at the foyer of the new Queen 2.

Colourful posters on terrifying surgery before anaesthesia, with anaesthesia being one of the greatest discoveries in medicine. Global Year Against Acute Pain campaign was also highlighted, with comprehensive information to both the public and medical fraternity, why good pain management was so important. Many, many detrimental complications could occur to patients if they were allowed to continue to suffer severe acute pain in silence. That was displayed in a big diagram that was easy to understand.

The public was encouraged to “Help us to help you. You are our partners in health care. Tell us if you have pain”.

KKM is committed to improve the quality of care, and to this end, had implemented “Pain, the Fifth Vital Sign” in 2008.

The operating theatre and intensive care unit, both under the care of anaesthesiologists, also joined in with full team spirit, and displayed posters of their work as well as paraphernalia.



Dr Lily Ng, Senior Consultant Anaesthesiologist, proudly showing Mr Prem, Pengurusan Pengarah of Hospital Queen 2, the fascinating display.

Specialist anaesthesiologist, Dr Koay Tze Howe, answering questions from an interested man and child.



Anaesthesiologist, Dr Nagarajan, explaining to eager young private nursing college students.



Senior Anaesthetic PPP David Kong and OT nurse attending to queries from curious women.



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Dr Lily Ng eagerly telling the wonders of anaesthesia, before which all surgery was hell to public.



Timbalan Pengarah of Hospital Queen 2, Dr Francis, being convinced on the complications to patients, if severe acute pain was not treated.



A giant replica of a pain scale ruler.



Part of the exhibit on "Dangers of Herbals and Anaesthesia" by Dr Lily. Attracted a lot of public interest, especially from the male sector.

CPR being taught by PPP Anaesthesia & team.



Public performing mouth to mouth and chest compressions.



Day 2 : Universiti Malaysia Sabah medical students and nurses learning airway management from Dr Lily Ng. e



# National Anaesthesia Day 2011

Jointly organised by the Malaysian Society of Anaesthesiologists (MSA) & the Department of Anaesthesiology & Intensive Care, Hospital Kuala Lumpur

Report by Dr Kok Meng Sum, Anaesthesiologist, Hospital Kuala Lumpur

It's the time of the year again when we celebrate the first demonstration of painless surgery, the birth of anaesthesia, National Anaesthesia Day, on 16<sup>th</sup> October. This day marked one of the path-breaking moments in medicine, a shift in paradigm from pain as a natural part of the human experience, to one that medicine was able to control. Anaesthesia is now considered to be one of the greatest

inventions for humanity.

This year, the slant has been towards patient safety, thus, *"Your Safety, Our Priority"* was chosen as the main theme, referring to our dedication in ensuring patient safety. This theme is in line with the motto of the Malaysian Society of Anaesthesiologists which is *"Keselamatan Dalam Bius"* or *"Safety in Anaesthesia"*.

## Anaesthesia Day 'Fun Run' 2011

On this 165<sup>th</sup> year celebration of World Anaesthesia, the Department of Anaesthesiology & Intensive Care, Hospital Kuala Lumpur, under the banner of the Malaysian Society of Anaesthesiologists have jointly organised a *"Fun Run"*, which was held in Padang Taman Tasik Titiwangsa on Sunday, 9<sup>th</sup> October 2011, while having a one week awareness programme in Hospital Kuala Lumpur to commemorate this special day.

After working hard for two solid months, the Organising Sub-Committee lead by Dr Salimi Mohd Salleh had transformed from zero to hero, from the scratch of planning, to the occasional glitch in preparation, the lack of sleep, and finally, a successful and groundbreaking event of the year, bringing pride to the anaesthesia fraternity.

We received overwhelming response for participation, much to our surprise. The number of submissions clearly exceeded our initial expectations by about a quarter, approaching 650 participants. Some of the on-

The cycle of a participant

Checking out the ICU bundles. Oops... not! It's the goodie bag bundles at the registration counter!



Serious business before the run.



The finishing line!



Chilling out at the blood donation counter after the run.



site registrants were denied, to their disappointment. Well, then again *"Early Birds Get the Perks!"*

It was a sunny day, despite heavy rain the night before. Registration commenced with full scale turnout. Participants were gathered in the field and segregated according to 6 categories – Youth Male & Female, Men's & Women's Open, and Men's & Women's Veteran. The *'Fun Run'* kicked off with a 20-minute Latin-

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## Fun in the Sun



A needle in the haystack. Nope! It's candies in the flour!

The aftermath



These kids sure have strong adductor muscles!







## Intensivists' power! Dr Tai & Dr Shanti took home 25% of the Women's Veteran Prizes

Dr Tai's happy look.

Dr Shanti thinking about how to spend her money as she received the award.



inspired workout session, waist-twisting, hip-shaking, Zumba, by the dazzling Ms Dazz and her two assistants from Rockafella Gym.

This is followed by a prayer recitation by M A Mohamad Rizal Bin Ibrahim, the runner-up of the Quranic Recitation Competition at the state level. The 5km run around the lake was flagged off in succession, with a blast of honk by the Head of Anaesthetic Service, Datin Dr V Sivasakthi, with a time gap of 5 minutes per category. Women's Open category boasts the highest number of participants exceeding half of the total number.

While the adults were having fun, the kiddos too, were having the time of their life, searching for candies in the flour with their mouth, playing with balloons, ping pong ball and water! It's all 'Fun in the Sun' for them alright!

We were honoured by the presence of the Minister of Health of Malaysia, Y B Dato' Seri Liow Tiong Lai, who officiated National Anaesthesia Day this year, the Deputy Director of Kuala Lumpur Hospital, Dr Ding Lay Ming and the President of the College of Anaesthesiologists, Associate Professor Datin Dr Norsidah Abdul Manap.

Datin Dr V Sivasakthi, as the President of the Malaysian Society of

Anaesthesiologists and the Head of Anaesthetic Services, Kuala Lumpur Hospital, in her opening speech, described the historic significance of the celebration of National Anaesthesia Day, in addition to delineating the theme for this year and welcoming participants to the 'Fun Run'.

The Minister's speech, which preceded the prize-giving ceremony, addressed the issues of safe and quality care in anaesthesia, as well as the shortage of anaesthesiologists, and the low anaesthesiologists to population and surgeon ratio. He also expressed pride for the high esteem that the Ministry of Health held for our specialty.

Trophies, alongside lucrative cash prizes were awarded to the winners of the 'Fun Run'. Those requiring special mention include our intensivists who are definitely a healthy lot. Dr Shanti and Dr Tai Li Ling proudly bagged 25% of the Women's Veteran category prizes! Bravo!

This is followed by a tour around the exhibition booths, the free health check divisions, blood donation drive and an organ donation campaign, proceeding to light refreshments before concluding the day with a press conference.

The event adjourned with a feeling of togetherness, as coming together to support the cause of this event has definitely drawn us closer as family.

## Activities in Hospital Kuala Lumpur

We started off with a 'bang' in the 'Fun Run'. With the adrenaline still rushing in our system, we proceeded to the main activity in the hospital.

We enjoyed every minute of the rare occurrence of publicity in our field. There was wide media coverage of the recognition of our profession and our

Participants from all walks of life dancing to the music.



## Zumba-ing



The 'motorcycle ride' Zumba move.

The 'not following Zumba trainer' move.



The President of MSA's hip shaking moments.



The warm-up Zumba session is as tiring as the run.

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## Our Activities



The free health check section.

'Fun Run' Organising Chairperson pledging to donate his organs.



The blood donation drive.



The press conference.



The tour around the exhibition booths.



Minister of Health with MSA and College of Anaesthesiologists representative, with the Organising Committee.



Launching of Anaesthesia Day 'Fun Run' by the Minister of Health.



Participants sprinting at the blast of the honk.



Teenagers full of spirit.

events. Datin Dr V Sivasakthi and Associate Professor Datin Dr Norsidah Abdul Manap were both involved in a newspaper interview with the New Straits Times Press, whereas Dr Nik Azizah Junoh participated in a TV talk show on 'Selamat Pagi Malaysia' on TV1.

Besides a one week display of exhibition booths depicting the scope of our services, there was also an Intensive Care Unit simulation of the respiratory devices at the foyer of our hospital.

The auditorium events began with a welcome speech by the Head of Department, Datin Dr V Sivasakthi, followed by the launch of National Anaesthesia Day, after an inspiring speech by the Director of Kuala Lumpur Hospital, Dato' Dr Zaininah Bt Mohd Zain. This is followed by a heart-pounding session of quiz and exciting prizes, with roars of laughter and excitement from the participants; the public, the patients and the hospital staff alike.

The major departure from the traditional styles of our activities this year earned high-end publicity, and has definitely and successfully unveiled the mask of our often perceived faceless partner of healthcare, demystified our position as the 'phantom' of the operation theatre, and publicised the role of anaesthesiologists in the eye of the public. It also raised awareness about the anaesthetic services in our country.

All in all, we achieved our aim for the National Anaesthesia Day this year with a blast!



Boss in boots.

Head over heels.



Token of appreciation to the Minister of Health.





# National Anaesthesia Day 2011

## Hospital Serdang, Selangor

Report by Dr Suzanna Abdul Malik

Department of Anaesthesiology and Intensive Care, Hospital Serdang, Selangor

Our Anaesthesia Day was celebrated on the 1<sup>st</sup> November 2011 at the main lobby of Hospital Serdang. The exhibition booths for General Anaesthesia, Intensive Care and the Cardiothoracic Anaesthesia were set up at our hospital. Our aim was to emphasise on safety and optimal commitment during anaesthesia as well as treatment in Intensive Care, hence the theme 'SAFETY IS OUR PRIORITY'.

The event started off with an Opening Ceremony. The welcoming speech was given by Dr Kamarul Zaman Talib, the Deputy HOD, followed by an opening speech by Dr Rohana Johan, the Deputy Director of Hospital Serdang, who then launched the Anaesthesia Day 2011 celebration. A video montage presentation showing Anaesthesia and Intensive Care at a glance gave a brief description of what our unit was all about.

Our activities included posters, demo displays of OT, ICU, acute pain service corner, Cardiothoracic machine displays and simple blood pressure check up and dextroscan for sugar level. We also organised quizzes with prizes. We discovered that a number of the people in the public were still unsure what anaesthesia was and a lady actually thought anaesthesia was a disease.

The posters featured different types of anaesthesia including the history and the work of an anaesthetist. We also highlighted the other aspect and services in Anaesthesia such as Intensive Care, Acute Pain Service, Anaesthetic Clinic and Cardiothoracic Anaesthesia.

Several mock activities took place at the same time. We had a simulated demo of ICU and OT with various vital signs and full display. This included our intubation trolley, ventilators, resuscitation cart and perfusion pumps. There was a booth displaying the epidural, spinal kit and pain control perfusor as part of pain services.

A video was also used to show the latest Cardio Pulmonary Resuscitation (CPR) 2010 guideline with compression preceeds the airway and our CPR team gave a good training session. Our intubation booth had many participants attempting intubation with the laryngoscope. A cardiopulmonary bypass and an Intra aortic balloon pump (IABP) machine was also on display for public viewing. The response was overwhelming as the public got a better understanding on anaesthesia for heart lung surgery. We also had a hand washing booth which gave information on the importance of the seven steps of proper hand washing.

Overall, it was a successful event with almost 400 visitors attended our exhibition. Despite having only three weeks to prepare prior to the day, we felt we had achieved our objectives which was to give information and insights to our services. All our doctors, nurses, medical assistant and attendants involved had fun preparing and doing the exhibition. In view of this success, we are looking forward to have the event again next year.



Welcoming Speech by  
Dr Kamarul Zaman



Opening Speech by  
Dr Rohana Johan



Our Anaesthesia Day Team



The cardiopulmonary  
bypass machine demo



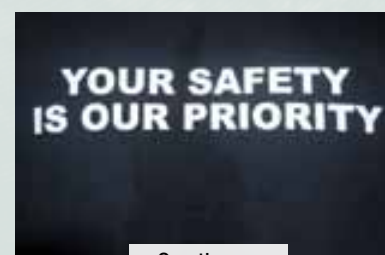
Honorable guests  
visiting our booths



Demonstration of  
airway and intubation



Our busy registration counter



Our theme



# National Anaesthesia Day 2011

## Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang

**Report by** Dr Ainun Nadwah Abdul Raof, Dr Melvyn Edward Anthony and Dr Nazatul Shahnaz Mohd Nazri  
Anaesthesia and Intensive Care Department, Hospital Sultan Haji Ahmad Shah, Temerloh, Pahang

After unveiling our masks last year, spending time with the public emphasizing their safety, our priority in line with this year's motto was the next best thing. The Department of Anaesthesia & Intensive Care at the Hospital Sultan Haji Ahmad Shah, here in Temerloh, celebrated its inaugural World Anaesthesia Day celebration this year. As this was our first time conducting such an important event, we were quite sceptical about how the outcome would turn out.

The committee, led by the Head of Department – Dr Hj Rahimah Bt Haron, consisted of specialists, doctors and nurses, was determined that this first was the best. The event was celebrated between the 17<sup>th</sup> and 21<sup>st</sup> of October 2011. For a week, we put up posters which gave an introduction to anaesthesia, the types of anaesthesia, as well as brief description about acute pain services and organ donation.

The highlight of the event was on the 20<sup>th</sup> October 2011 where several activities including Operating Room simulation, Anaesthetic Clinic consultations and CPR training were carried out. The event which started as early as 10.00 am was graced by the hospital director – Dato' Dr Hj Bahari B Dato' Tok Muda Hj Awang Ngah, the deputy director – Dr Hj Norshamsiah Bt Nyak Abdullah, various head of departments, hospital staff and the public.

The welcoming speech was given by Dr Rahimah Haron followed by an opening speech by the hospital director who then officially launched the World Anaesthesia Day 2011 celebration. In the hospital directors speech, he had emphasized that anaesthesia department has now grown from merely just the “back stage” clinicians to the frontliners of critical care & perioperative medicine, whilst the head of anaesthesia department also emphasized, that although technology had advanced with many new equipments and monitoring, every trained anaesthetist is equipped with high clinical skills and critical thinking to provide the best care possible for our clients.

Subsequently, after the cutting of the ribbon to signify the launching of the event, everyone was invited to visit the display area. In general, the exhibition was divided into three segments - Operating Room Simulation, Anaesthesia Booths (Anaes Clinic/Acute Pain Service/Daycare/TOP team) and Basic Life Support station-CPR by-stander and choking.

Apart from the ongoing poster exhibition, we demonstrated a simulated scenario of a patient undergoing anaesthesia and surgery, also giving opportunity to the public to perform endotracheal intubation. We also did a simple medical check-up

that included blood pressure monitoring, glucose monitoring and BMI measurement. We also organised a quiz which included general questions about anaesthesia with the grand prize of touring to the General Operating Theatre.



We also cherished the visit by 38 Form 3 students (who had just completed their PMR examination) accompanied by their teachers from Sekolah Menengah Kebangsaan Sri Tualang in the morning. They were shown all the booths and participated in the Basic Life Support station. In the afternoon, we had another group of 30 Form 3 students from Sekolah Menengah Kebangsaan Seberang Temerloh. They showed a lot of enthusiasm in acquiring the knowledge and some of them has been inspired to become an anaesthesiologist one day!



We were able to highlight the importance of pre-operative optimization including to stop smoking, blood pressure optimization and compliance to medications to ensure their operation went smoothly. Attended by almost 512 individuals, this was truly a memorable event for us.

Overall, the event was one of much fun, giving us an opportunity to interact with the public and successfully promote the spirit of teamwork in the department. We are very delighted with all the positive feedback and the event has become the talk of our community. Obviously, we are looking forward to celebrate and organise Anaesthesiology Day again next year!





# National Anaesthesia Day 2011

## Hospital Melaka

Report by Dr Sanjit Mahalingam

Medical Officer, Anaesthesia Department, Hospital Melaka



From left: Dr Zainal Abidin bin Othman, YBhg Datuk Dr Hj Azmi bin Hashim and Encik Mohamed Aizamuddy bin Mohamed Idris.



From left: Dr Anuwar, Dr Zainal, Dr Ang and Dr Theng.



Our staff nurses with their singing performance.

World Anaesthesia Day is celebrated every year on the 16<sup>th</sup> of October. This date, in 1846, marked the first successful demonstration of ether anaesthesia by Dr William Thomas Green Morton. In conjunction with this historical event, the Anaesthesiology Department of Hospital Melaka, in collaboration with Perbadanan Perpustakaan Awam Negeri Melaka, organised a National Anaesthesia Day celebration on 19<sup>th</sup> October 2011.

The event, held at Auditorium Perbadanan Perpustakaan Awam Negeri Melaka, began at 2.00pm with the arrival of hospital staff from various disciplines. It was followed by the welcome speech from The Head of Department of Anaesthesiology and Intensive Care, Dr Zainal Abidin bin Othman. The auspicious occasion was then officiated by YBhg Datuk Dr Hj Azmi bin Hashim, Director of Health, Negeri Melaka.

Shortly afterwards, a video presentation regarding the history of anaesthesia and the role of the anaesthetist was shown to the audience. Subsequently, a speech related to the theme of the event "Your Safety in Our Priority, Safe Surgery Saves Life" was given by our specialist, Dr Anuwar Ariff bin Mohamed Omar.

The event was then followed by a singing performance from the ICU staff nurses. Overall, it was quite an enjoyable performance, earning loud applause from the crowd. There were also a lucky draw, where gifts were given to the attendees.

As part of the event, booths were set up by various pharmaceutical and medical equipment companies displaying the different anaesthetic equipment, ventilators and mannequins, depicting the scenario in ICU and the operation theatre. A poster exhibition regarding organ donation was also set up by the TOP (Tissue Organ Procurement) team, Hospital Melaka, to increase awareness and to educate the public on the importance of organ donation.

We hope that the event created awareness on anaesthesiology among the general public as well as our hospital staff. All in all, the event had an amazingly cheerful atmosphere and received a thumbs-up from many of the attendees.

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## REPORT ON MORPHEUS 2 ANAESTHESIA UPDATE 2011

*Prepared by Dr Sukhminder Kaur Harmeet Singh*

Medical Officer, Department of Anaesthesia and Intensive Care, Hospital Raja Permaisuri Bainun, Ipoh

Morpheus 2 Anaesthesia & Intensive Care Update was held on 3<sup>rd</sup> and 4<sup>th</sup> November 2011 in Hospital Raja Permaisuri Bainun (HRPB) Ipoh. It was organised by the Department of Anaesthesia and Intensive Care, HRPB Ipoh, in collaboration with MSA and PGMES Ipoh.

Registration was opened to all doctors and paramedics from all departments and Northern region hospitals.

On 3<sup>rd</sup> November, two workshops were held, namely the End of Life workshop and The Continuous Renal Replacement Therapy (CRRT) workshop. Each of them were limited to 35 participants for better interaction and one to one teaching. The End of Life workshop was run by Dr Richard Lim Boon Leong, Palliative Care Physician from the Palliative Care Unit of Hospital Selayang. He covered all aspects from definitions to management and counseling. Mock counseling sessions – role play – were held which saw good understanding of the subject. Feedback from the participants was excellent as they felt it was a much needed topic to be discussed.

The CRRT workshop was co-ordinated by the Gambro Company and the guest speaker was Dr Loh Chek Loong, Nephrologist from HRPB Ipoh. Lectures were given and good hands-on sessions were held on CRRT. This workshop saw participation mainly from the anaesthesia medical officers and specialist as well as ICU nurses who are now more aware of the need for CRRT in an ICU setup.

The workshops were held till 5 pm that day and wrapped up on a satisfying note. Certificates were given to all the participants. Everyone left looking forward to the next day's agenda.

The morning of 4<sup>th</sup> November started with great excitement. We received a sign-up of around 150 participants. The scientific programme was held in the auditorium of HRPB Ipoh. Various booths were put up by drug and equipment companies who showcased their services and products.

It started off with Dr Richard Lim giving a talk on End of Life Care at 8.00 am. This was part of the regular weekly Friday

morning CME organised by the HRPB Ipoh. It was followed by the opening speech from Dr Kavita Bhojwani, Consultant and Head of Department of Anaesthesia, HRPB Ipoh. The lectures were started at 9.15 am by Dr Lim Chew Har, Consultant Intensivist from Hospital Pulau Pinang, who gave a talk on Nutrition in ICU. After that, Dr Lim Wee Leong, Consultant and Head of Department of Anaesthesia and Intensive Care of Hospital Sungai Buloh, spoke on Awareness in Anaesthesia.

A short tea break was held which was followed by an informative lecture on Obstetric Haemorrhage by Prof Dr Chan Yoo Kuen, Consultant and Head of Department of Anaesthesia and Intensive Care, University Malaya Medical Centre, Kuala Lumpur. Dr Lim Chew Har came next and gave an interesting talk on What's New in Intensive Care. Following that, Dr Lim Wee Leong then explained TIVA and TCI. It was a good comprehensive talk.

After that, everyone had a good lunch break for two hours. Subsequently, Prof Dr Chan Yoo Kuen gave a very enlightening wellness talk comprising the importance of physical and mental wellness for an anaesthetist and for a doctor per say. It was an eye-opening talk as many participants realised that day, that we tend to take our health for granted.

The last lecture was by Dr Adi Othman, Head of Department of Accident and Emergency of HRPB Ipoh. He spoke on critical ultrasound. It made everyone realise that it is crucial nowadays to have basic knowledge in ultrasound as it is useful as an aid in the clinical assessment of an ICU patient.

A question and answer session was held at the end of each lecture which saw good participation from the crowd. All the speakers were given a souvenir and a token of appreciation for being there that day, despite their hectic schedules.

The day ended well with a tea session. Feedback forms were filled and certificates were given to all participants. Kudos to the Organising Committee. See you at the next update which is hoped to be bigger and better.

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# Farewell to Dr Ng Siew Hian

by Dr Kok Meng Sum, Anaesthesiologist, Hospital Kuala Lumpur

"Please make the farewell dinner as simple as possible; and no formalities!" This was the reply to the email I sent when informing her about the arrangements we made for her jockey service at Vistana Hotel. And simple it was.....NOT! Who, you may ask, will reply as such?



Putting on their best smiles

farewell drew nearer, my heart decided to dance with arrhythmias when I received the signal that Dr Ng had arrived in the lobby! Clad in a blue sari (my first sari, that is), together with my partner, Dr Salimi Mohd Salleh, in his stunning orange sharwani, we prepared in silence for the grand entrance of our mentor. We were the

mistress and master of ceremony, the hosts for this prestigious event.

Dr Ng arrived in her usual attire, illuminated with three sets of lights, accompanied by our traditionally-dressed ushers. The

Anaesthetic Heads of the past and present



The VIP Table



symbolic representation of these lights signified her contributions in lighting the path of anaesthesia and medicine, and how she shone a light on our profession. The first pair of lights signified the positive changes that she brought to anaesthesia; the second pair, her never-ending dedication and contribution to medicine; and the third, our sincere wishes for her to embrace a new and wonderful future.

This party was graced by the presence of the Deputy Directors of Kuala Lumpur Hospital, Dr Haji Laila Noor B Hj Ibrahim and Dr Ding Lay Ming along with the Ministry of Health's representatives, senior members of our profession and the heads of

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Elegant Ushers Performing their Duties



The ensemble



To the lift

23<sup>rd</sup> July 2011. This date marked the special day when Dr Ng Siew Hian "Bidded Farewell to Tension and Said Hello to Pension". After being in service for 30 years, serving eight years as the Head of Services for the anaesthetic community, she decided to enjoy the world's longest coffee break!

While my nerves were doing jumping jacks as the time to the

Personalised gift from all of us



Enjoying the night while flipping through the album





the surgical units.

Datin Dr V Sivasakthi, in her opening speech, delineated her experience in Australia with Dr Ng during her FANZCA training, and how Dr Ng became her mentor and friend.

Prior to dinner, we enjoyed a video montage on Dr Ng from the eyes of her colleagues and protégé. While most had only good words and appreciation for this great lady,

some were extraordinary interesting!! Of note

was Dr Zakir who gave his comments while busy

checking into boss's room, pretending to be Boss! This impressive piece of art brought roars of laughter to the crowd, and is the creation of our very own local producer, Brian and Leena!

The guests then fulfilled their gastronomic desires at the buffet section by the pool while enjoying the sweet serenity of music. It



was a great time to mingle and chat with the 'Star of the Day', catch up on old times and reminisce on great memories.

Our night programme continued with a myriad of performances interspersed with lucky draws. From solo to trio, songs to guitar performances; and dances from the 60's to the present; all these being brought together by our very own Kuala Lumpur Hospital team. We were amazed by the hidden talents of our team!

The much awaited "exposure" of Dr Ng's "darkest secrets" did not fail to amaze the crowd.



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The master & mistress of ceremony with the guest of honour



Sweet memories



warm our hearts and change our lives. The crowd nodded frantically in agreement with her points, as they tried to relate to similar scenarios they experienced with Dr Ng. Dr Lim is definitely a great narrator!

This was followed by an entertaining photo montage depicting Dr Ng's wild and whacky days to what she is today, how she turned from an active sportswoman

her speech with a Malay poem with a big round of applause from the crowd.

K-Pop look-alike, Dr Hui Mun Tsong expressed a beautiful message to Dr Ng via his song "Everyday I Love You" and charmed the crowd with the vibration of his vocal cords, with cheers of support from his fans.

Sister Bellanage Daiyawathy and her team of nurses coordinated a cake cutting ceremony on stage to celebrate Dr Ng's belated birthday against a live choral backing by Dr Anu Radha and SN Elena echoing the words "Lagenda" or "Legend". The melody of this song lingers on at the end of the song, so will the legacy of Dr Ng after she retires.

After the presentation of gifts from the department, Dr Hui performed

Dr Lim Chew Har, the Consultant Intensivist from Penang Hospital, who has worked closely with Dr Ng, decided to be the 'Wikileak' of the night. She elaborated on "The 10 things she remembered about Dr Ng". Among those portrayed were her well-known signature personality, which include the easy flow of tears (she cries easily), her passion for animals (she has a house full of animals), and how great a cook she is (A good cook? How come she never cooked for us in the hospital?). Some people come into our lives and leave footprints on our hearts and we are never ever the same. She went on to describe how Dr Ng possessed the power to influence and motivate, and how her encouraging words can

with her bushy hair on to an I Phone junkie and then progressed to an eloquent leader.

Dr Ng's speech was nothing less than inspiring, and this was not unexpected. As a loyal government servant, she went on to promote the government service and the pension scheme. She did include a little secret though... on how she carefully planned her exit strategy by insisting on a delayed farewell party with the hope of being forgotten. This of course did not turn out as planned. Very cheeky of her! She then concluded



Opening speech



Talented teams of HKL



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The crowd



an encore of "You Raised Me Up", which was joined by the crowd, in appreciation of her commitment, dedication, contribution and accomplishment. By this time, emotions surged and tears flowed as we sang what we meant. The party concluded with hugs and kisses with lots of love in the air...

We watched this exceptional lady leave the ballroom with mixed feelings – feelings of sadness for

having to say goodbye, but happiness for the opportunities we had had to work with such a great leader, and the memories we have that we will cherish forever.

As the saying goes: "A teacher affects eternity; he can never tell where his influence stops". Dr Ng has been a great teacher. She has taught us in many unselfish ways, and has taught most of us to be what we are today. Although she may not remember every simple gesture or the things she taught us, we remember it all distinctly.

She left an indelible mark on our history of anaesthesia, upgraded the names of the anaesthetic community to attain heights of success. She has guided us during our hard times, appreciated our effort and led from the front during difficulties. She was a mentor, a friend and the voice of our department.

Thank you, Dr Ng Siew Hian! May good times and great memories be the special gifts that fill your retirement days with happiness. You will always be thought of in a very special way and you are wished the finest things in life, today and everyday.



Dato' Balan with the Deputy Director of HKL

Cake-cutting ceremony



Touching moments



Hands full

Nurses rushing up each with a rose to embrace Dr Ng

The birthday song



Yummy!



Tasting the cake





## Message from the President, College of Anaesthesiologists, AMM



I am sure you will agree with me that we shared basking in the limelight, as anaesthesiologists made front page news during our National Anaesthesia Day celebrations in October! My applause goes to the hardworking organisers and lively participants,

and I hope this will catch your attention and make you want to spread the goodwill and join in our activities in future!

### Anaesthesiologists – Quantity and Quality

It was heart warming to note that the Minister of Health, Dato' Seri Liow Tiong Lai appreciated the critical role of anaesthesiologists and the challenges we face. With only about 650 anaesthesiologists in the country, our ratio is 1 per 45,000 population and 1 per 4-5 surgeons, and this is often worse in maldistributed areas such as in the rural areas and East Malaysia. We need to almost double our present number to achieve 1:30,000 population and 1:2 surgeons within the next 10 years. So, can we achieve this?

If we consider our current total intake into the Masters (Anaes) Programme of 80-90 trainees yearly and then we deduct the drop-outs, we can barely make it. There is hope, however, with more local Universities planning to offer postgraduate anaesthesia programmes and more emphasis on foreign examinations. Nevertheless, speaking for the College of Anaesthesiologists (CoA), and the anaesthetic profession, we are certainly more concerned about the quality of postgraduates we are producing.

Beginning 2012, the local postgraduate (Anaesthesia) programme hopes to finally become a totally Conjoint Master's Programme (for both Primary and Final levels) for all the three Universities - UKM, UM and USM. It is 27 years from the time the programme first began. Being a university based programme, it has been a long and challenging road to the unification of the three universities. My

congratulations to another milestone in the progress of our own anaesthetic academic field!

The next important step is to ensure that the standards of the programme and examinations are maintained and at par with anaesthetic programmes world-wide. The Conjoint Board oversees it and has representatives from the CoA, the AMM and the Ministry of Health of Malaysia, as well as representatives from the three universities. To maintain a truly unified and single-tiered anaesthesiology programme in Malaysia, all other future graduate anaesthesia programmes should be absorbed into and be part of this programme. This will project a strong, singularly accepted and recognised anaesthetic qualification for this country.

The CoA, AMM, does not intend to compete and be directly responsible for the postgraduate programmes as in the United Kingdom, Singapore, Australia and New Zealand. After all, our CoA is only 12 years-old without full-time academic staff or dedicated secretariat, management and administration staff. Not only are our funds limited, the Council members are also full-time working anaesthesiologists. Nevertheless, the CoA will be a part of the Conjoint Board in advising and monitoring the programme, and will assist in facilitating the postgraduate training (such as sponsorship of log books, examiners, etc). As mentioned in the previous newsletter, the CoA also goes a step further to support and assist the subspecialty exit exams of Intensive Care and Pain Medicine.

Coincidentally, the CoA is collecting names and curriculum vitae of anaesthesiologists interested in contributing or participating in various academic activities such as tutoring and examining in the postgraduate anaesthesia programme. We have to start making a bank of those able and interested, so please feel free to contact us.

### 45<sup>th</sup> Singapore-Malaysia Congress of Medicine, 21<sup>st</sup> – 23<sup>rd</sup> July 2011

This time the congress was held in Singapore with the theme 'Integration, Innovation and Holistic Care' of

*continued on page 31*



the healthcare environment. This reflects the effort and importance placed in providing cost-effective, timely and appropriate care patients. Emphasis was also placed in the training of the younger generation of medical students and residents. The new postgraduate residency programme (ACGME) in Singapore, received a lot of attention in our joint AMM, AMS and AMHK Council meeting. At this congress, several Presidents of the Colleges in the AMM were conferred the honorary fellowship of

the Academy of Medicine of Singapore (FAMS).



### AMM meeting with the Director-General of Health, Malaysia: 30<sup>th</sup> July 2011

The AMM, led by the then Master, Prof Victor Lim, had the long-awaited meeting with Dato' Dr Hasan Abdul Rahman, the new Director-General of Health Malaysia, and his MoH officers on 30<sup>th</sup> July. Issues discussed in-depth included the National Specialist Register (NSR), Continuing Professional Development, postgraduate and subspecialty training and monitoring, ASEAN Free Trade Area (AFTA)/ Mutual Recognition Agreement (MRA) and joint collaboration and representation on MoH Technical Committees.



### Meeting with the President, College of Anaesthetists of Ireland and visit to PU-RCSI

On 9<sup>th</sup> September 2011, council members Prof Lim Thiam Aun, Assoc Prof Raha A Rahman and I visited Perdana University - Royal College of Surgeons Ireland (PU-RCSI) in Serdang at the invitation of Prof Anthony J Cunningham, the Dean of PU - RCSI School of Medicine, who is an anaesthesiologist by profession. It was a double occasion as we were also there to meet Dr Jeanne Moriarty (President, CoA of Ireland) and Mr Fintan Foy (CEO, CoA of Ireland). We all had a peek at this new, well-equipped School of Medicine that is ready to receive its first batch of medical undergraduates. We met again at a reception on 11<sup>th</sup> September in Prof Anthony J Cunningham residence. This time, I was accompanied by council members Prof Dato' Wang Chew Yin and Assoc Prof Raha A Rahman. Indeed, there were many members of the PU and RCSI present and the occasion was graced by the presence of the Ambassador of Ireland. It was a delightful gathering and after the short discussions, both parties hope that this is the beginning of further collaboration between the two CoAs, Ireland

and Malaysia, in various aspects such as educational and training programmes.



### 9<sup>th</sup> MOH-AMM Scientific Meeting 22<sup>nd</sup> - 23<sup>rd</sup> September 2011

This MOH-AMM Scientific Meeting incorporated the 14<sup>th</sup> Scientific Meeting of the National Institutes of Health and was successfully held at the Medical

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Academies of Malaysia. At the induction ceremony on 22<sup>nd</sup> September, two College of Anaesthesiologists members, Prof Nik Abdullah Nik Mohamed and Dr Kavita M Bhojwani, were conferred the Fellowship of the AMM (FAMM), and six were inducted as members (AM). Please submit your fellowship nomination and membership application

forms so many more will be fellows or members next year!

To those who have not replaced their NSR 'Anaesthesiology' certificate



with the new 'Anaesthesiology and Critical Care' certificate, please do so by 31<sup>st</sup> December 2011 if you want us to reimburse you the RM50 charged.

I hope you have started making plans to attend our Annual Scientific Meeting in Kuantan in 2012 as there's another exciting programme lined up for you. In the meantime, Merry Christmas and Happy New Year!

**Assoc Prof Datin Dr Norsidah Abdul Manap**  
President, College of Anaesthesiologists, AMM  
nmanap@ppukm.ukm.my

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## News from the College of Anaesthesiologists

### *Special Interest Groups for 2011 - 2012*

<i>Airway Management</i>	<i>Dr Muhammad Maaya</i>
<i>Anaesthesia Pharmacology</i>	<i>Prof Lim Thiam Aun</i>
<i>Cardiac Anaesthesia</i>	<i>Dato' Dr Jahizah Hassan</i>
<i>Critical Care</i>	<i>Dr Tan Cheng Cheng</i>
<i>Day Care</i>	<i>Dr Kavita Bhojwani</i>
<i>Obstetric Anaesthesia &amp; Analgesia</i>	<i>Dr Mohd Rohisham b Zainal Abidin</i>
<i>Anaesthesia in Sleep Medicine</i>	<i>Prof Dato' Wang Chew Yin</i>
<i>Paediatric Anaesthesia</i>	<i>Dr Sushila Sivasubramaniam</i>
<i>Pain Management</i>	<i>Prof Marzida Mansor</i>
<i>Regional Anaesthesia</i>	<i>Dr Shahridan Mohd Fathil</i>
<i>Simulation</i>	<i>Dr Rajeswary Kanapathipillai</i>
<i>Well Being</i>	<i>Prof Chan Yoo Kuen</i>